



Return Copy to:

Bank of America  
Government Card Services  
P.O. Box 1637  
Norfolk, VA 23501-1637  
Fax: (757) 441-4993  
Fax: (888) 784-1039 (toll free)

## Individually Billed Card Account Setup/Application Form

TO BE COMPLETED BY EMPLOYEE

PLEASE TYPE OR PRINT ALL INFORMATION

First Name	Last Name	MI	Social Security Number/Tax ID#				-			-				
Date of Birth (mm/dd/yyyy)					/			/						

Agency Name:

Office Telephone Number:

Email Address:

**Address: If a P.O. Box is your Primary Mailing Address, a physical address must also be provided. You may input this address in the section below. An application providing only a P.O. Box will not be processed. For APO/FPO addresses only, a physical address is not required.**

**Primary Mailing Address (25 maximum characters)**

- ☐ **Alternate Mailing Address (for newly issued card only)**  
☐ **Physical Address, if required.**

Address Line 1:

Address Line 1:

Address Line 2:

Address Line 2:

City or APO/FPO:

State:

City or APO/FPO:

State:

Zip:

Country:

Zip:

Country:

By signing below, I (a) request that a Government Card be issued in my name, (b) agree to use the Card for official travel and official travel related expenses only, and to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card, and (c) attest to the best of my knowledge, that the information I have provided herein is true and correct.

**Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is requesting additional information to verify your identity.**

**PLEASE RETAIN COPY FOR YOUR RECORDS.**

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Social Security Number or other unique identifier.

**NOTE: See attached Agreement between Agency/Organization Employee and Bank of America, N.A. (USA) for the terms and conditions of your Account.**



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TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR

PLEASE TYPE OR PRINT ALL INFORMATION

A/OPC First Name	A/OPC Last Name	MI
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Accounting Code (max. 64 characters)
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**It is critical that you complete the Central Account Information below**

Central Account Number					-														
------------------------	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Provide Account Hierarchy**

HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8

FIPS Code or Cost Center	Contract City Pair Access: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Mandatory <input type="checkbox"/> Non-mandatory <input type="checkbox"/>
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Authorized to Receive Travelers Checks Yes <input type="checkbox"/> No <input type="checkbox"/>	Card Design Type: Standard <input type="checkbox"/> QuasiGeneric <input type="checkbox"/> Generic <input type="checkbox"/>
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Cash/ATM Access: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cash/ATM \$ Limit _____ Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Cycle <input type="checkbox"/>
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**The following information will default to that of the central account number identified above unless completed otherwise.**

Agency Name:
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Office Telephone Number:
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**Agency Address (25 maximum characters)**

Address Line 1:
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Address Line 2:
-----------------

City or APO/FPO:	State:
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Zip:	Country:
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ACCOUNT SPENDING LIMITS (if in accordance with Agency policy)	Apply limit: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Cycle <input type="checkbox"/> \$ _____ Number of Transactions _____
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Merchant Spending Limits	MCC Retail:	Apply limit: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Cycle <input type="checkbox"/> \$ _____ Number of Transactions _____
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By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Card be issued to the employee named above. **PLEASE RETAIN COPY FOR YOUR RECORDS.**

Name of Agency Official \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Instructions for Individually Billed Card Account Setup/Application Form

<b>Purpose</b>	Complete this form to establish an individually billed travel card account under the GSA Smart Pay Program.
<b>Instructions</b>	<p><b>Cardholders:</b> Fill out "To be completed by Employee" section. <b>A/OPCs:</b> Fill out "To be completed by the Agency/Organization Program Coordinator" section. Please print or type all information. Mail or fax to:</p> <p style="text-align: center;"><b>Bank of America</b> <b>Attn: GCSU</b> <b>P. O. Box 1637</b> <b>Norfolk, VA 23501-1637</b> <b>Fax: (757) 441-4993</b> <b>Fax: (888) 784-1039 (toll free)</b></p>

Field Descriptions	
For your assistance, listed below are field descriptions of elements on the form.	
<b>First Name, Last Name, MI</b>	Employee's first name, last name and middle initial. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify your identity.
<b>Social Security Number/Tax ID</b>	Employee's Social Security Number or other unique identifier.
<b>Date of Birth</b>	Complete information as appropriate
<b>Agency Name</b>	Provide name of the Employee's agency name.
<b>Office Telephone Number</b>	Employee's work telephone number, including Country and Area Codes.
<b>E-mail Address</b>	List cardholder's email address if available.
<b>Primary Mailing Address</b>	This is the address to which the employee's travel card billing statement should be mailed. If a P.O. Box is provided, a physical address is required in the designated section.
<b>Alternate Mailing Address or Physical Mailing Address (includes Street, City, State/Province, Zip/Postal Code, and Country)</b>	Complete this section if a P.O. Box is being provided as your Primary Mailing Address. Or, Complete this section if you would like the card mailed to an alternate address that is different than the Primary Mailing Address to which the regular billing statement will be sent.
<b>Employee Signature</b>	Employee signature.
<b>Date</b>	Date employee signs this form.



**(Section to be completed by the Agency/Organization Program Coordinator)**

**First Name, Last Name, MI** – A/OPC's first name, last name and middle initial.

**Accounting Code** – If applicable, provide the Master Accounting Code of the applicable Central Account Number.

**Central Account Number** – Provide the 16-digit roll-up account number assigned to this account's Central Account.

**HL1 – HL8 – Hierarchy Level** – Provide name and/or hierarchy number under which the new account will be established.

**FIPS Code or Cost Center** – Federal Information Processing Standard Code, for the identification of Federal and Federally-Assisted Organizations. See Publication 95-1, or download from <http://www.nist.gov/itl/csl/fips/fips95-1.txt>.

**Contract City Pair Access** – Please contact your Bank of America Account Manager if you need assistance.

**Authorized to Receive Travelers Checks - Yes or No** – Check whether or not Travelers Checks will be available to this account holder.

**Card Design Type (Standard, QuasiGeneric, or Generic)** – Check card design.

**Cash/ATM Access: Yes or No** – Check whether or not ATM access is available to the cardholder.

**Agency Name** – Provide name of the applicant's Agency.

**Phone Number - Area and Country Code** – work telephone number of the A/OPC to include area and country codes.

**Agency Address** (include City, State/Province, Zip Code/Postal Code, and Country) – physical address of the A/OPC's agency.

**Account Spending Limits – Apply Limit: Daily\_\_\_\_\_ Weekly\_\_\_\_\_ Cycle\_\_\_\_\_**  
**\$\_\_\_\_\_ Number of Transactions\_\_\_\_\_**

Enter total spending limitations at the account level, by dollars and/or number of transactions. These controls are designed to limit the spending of a cardholder on a daily, weekly, or per cycle basis. If no dollar amount is entered, the limit will default to that of the Agency.

**Merchant Spending Limits**

**MCC Retail:**

**Apply Limit: Daily\_\_\_\_\_ Weekly\_\_\_\_\_ Cycle\_\_\_\_\_**  
**\$\_\_\_\_\_ Number of Transactions \_\_\_\_\_ \$\_\_\_\_\_**

Enter MCC limits by dollars and/or number of transactions. Merchant level controls are designed to limit or restrict retail purchases made by a cardholder on a daily, weekly or per cycle basis. Additional limits to restrict purchases from specific merchant(s) or type(s) of merchant(s) can be imposed by contacting GCSU or making changes in EAGLS.

**Name of Agency Official** – Print name of the agency official authorized to approve application requests.

**Title** – Print title of the agency official.

**Signature** – Agency official's signature.

**Date** – Date of agency official's signature.

**AGREEMENT BETWEEN AGENCY/ORGANIZATION EMPLOYEE AND  
BANK OF AMERICA, N.A. (USA)**

**IMPORTANT:** BEFORE YOU SIGN THE INDIVIDUALLY BILLED CARD ACCOUNT SETUP/APPLICATION FORM, OR USE THE GOVERNMENT CARD, READ THIS AGREEMENT THOROUGHLY. PLEASE RETAIN THIS AGREEMENT FOR YOUR RECORDS.

relinquish physical possession of the Card. You must retrieve the Card from that person to avoid further liability.

**1. DEFINITIONS.** In this Agreement, the word "Agreement" means this document as modified by any amendment issued pursuant to Section 13. The word "we" "Bank of America" or "us" refers to Bank of America, N.A. (USA), the issuer of the Card. The "GSA Contract" refers to the General Services Administration Contract No. GS-23F-98004. The word "Program" means the card program established pursuant to the GSA contract. "Agency/Organization" means the United States federal agency, bureau, division, office or other organizational entity participating in the program that has requested/authorized Bank of America to open an account for you. The words "cardholder", "you" or "your" means the Agency/Organization employee whose name appears on the Card. The word "Government Card", "Card" or "Cards" mean the card issued to you by us under the Program. "Account" means the account established by us in connection with the Government Card. "Cash Advance" is a cash advance obtained through use of the Account at any participating affiliated automated teller machine ("ATM") or any financial institution or other establishment authorized to process and grant you a cash advance.

**2. ACCEPTANCE OF THE AGREEMENT.** BY SIGNING THE INDIVIDUALLY BILLED CARD ACCOUNT SETUP/APPLICATION FORM, ACTIVATING, SIGNING OR USING THE CARD AND/OR THE ACCOUNT, YOU AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. IF YOU DO NOT AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, CUT THE CARD IN HALF AND RETURN THE PIECES TO BANK OF AMERICA.

**3. PROMISE TO PAY LIABILITY.** All amounts charged to the Account including purchases, Cash Advances and fees will be called "Charges." You promise to pay for all Charges made by you or anyone you allow to use the Account until paid in full. Official travel and travel-related expenses charged to the Card will be reimbursed by the Agency/Organization under the Agency's/Organization's expense reimbursement procedures applicable to you. You also agree to report your expenses promptly to the Agency/Organization in accordance with its expense reimbursement procedures. You, as the Cardholder, are responsible for making payment to Bank of America. You are responsible for all Charges made with the Card even if you let someone else use the Card or voluntarily

**4. DISCLOSURE OF ACCOUNT INFORMATION.** In addition to routine uses under the Privacy Act, you authorize Bank of America to: (1) provide information about your Account to Bank of America's service providers administering your Account under the GSA Contract; (2) disclose all necessary Account information to outside attorneys representing Bank of America in connection with any legal or administrative proceeding involving your Account or Bank of America's actions under this Agreement; (3) provide all necessary Account information to Bank of America's auditors in the course of any audit; (4) disclose all necessary Account information to outside attorneys, collection agencies or credit bureaus if we refer all or part of the Account for collection in accordance with the GSA Contract and your Agency/Organization's Task Order. You understand that past due Accounts will be reported to your Agency/Organization. By signing the Individually Billed Card Account Setup/Application Form, you are providing your written consent to the disclosure of Account information as provided in this Section 4.

**5. USE OF GOVERNMENT CARD.** You agree to use the Card only for official travel and official travel related expenses away from your official station/duty station in accordance with your Agency/Organization policy. You agree not to use the Card for personal, family or household purposes. Charging privileges on the Card are provided by Bank of America pursuant to the GSA Contract and the Task Order of your Agency/Organization. No other person is permitted to use the Card issued to you for Charges or for any other reason.

**6. PAYMENT.** We will send statements of all Charges to you. All payments are due by the due date specified on your statement ("Due Date"). You should notify us immediately of any change in your billing address by calling the number indicated in Section 14. Payments must be made in U.S. currency, in electronic form or with a money order payable in U.S. dollars, or with a draft or a check drawn on a bank in the U.S. and payable in U.S. dollars. If we decide to accept a payment made in some other form, payment will not be credited to your Account until your payment is converted into one of the forms just mentioned. We may accept late payments, partial payments or checks and money orders marked "payment in full" or with other restrictive endorsements without losing any rights under this Agreement or under the law.

**7. SUSPENSION AND CANCELLATION.** Suspension or cancellation does not affect the terms of this Agreement,

**AGREEMENT BETWEEN AGENCY/ORGANIZATION EMPLOYEE AND  
BANK OF AMERICA, N.A. (USA)**

including without limitation your obligation to pay the balance of your Account, until your obligation to Bank of America under this Agreement has been satisfied.

A. **Suspension**: Bank of America may suspend your Account and prohibit further Charges if (i) payment for any undisputed principal amount is not received within 61 calendar days from the closing date on the statement in which the unpaid Charge first appeared, or within the timeframe specified in the Agency/Organization task order, unless otherwise directed by the Agency/Organization Program Coordinator, or (ii) the Agency/Organization or GSA requests the suspension. Bank of America will reinstate your suspended account upon full payment of the amount due unless otherwise directed by the Agency/Organization.

B. **Cancellation by Cardholder**: You may cancel the Card at any time by notifying Bank of America, cutting the Card in half and returning the parts to Bank of America.

C. **Cancellation by Bank of America**

(i). **Automatic Cancellation**: The Card and the Account will automatically be canceled upon (a) termination of your employment with the Agency/Organization regardless of the reason; (b) termination or expiration of the GSA Contract and/or Agency/Organization task order; (c) request of the Agency/Organization or GSA; or (d) request of Bank of America with the permission of the Agency/Organization. Upon cancellation, you agree to return the Card immediately, cut in half, to Bank of America.

(ii). **Cancellation Due to Delinquency**:

Bank of America may cancel your Account if (a) the Account has been suspended two times during a 12 month period for non-payment of undisputed principal amounts and is past due again; for purpose of this section 7.C.(ii).(a), "past due" means payment is not received within 45 calendar days from the closing date on the statement of Account in which the Charge first appeared; (b) the Account is 126 calendar days past due from the closing date on the statement of Account in which the unpaid Charge first appeared, or within the timeframe specified in the Agency/Organization task order, unless otherwise directed by the Agency/Organization Program Coordinator, or (c) the Agency/Organization or GSA requests the cancellation. Bank of America may reinstate a canceled Account upon full payment of the amount due and any late fee assessed. Account statements may not (at the option of Bank of America) be sent after an Account has been canceled.

8. **ATM USAGE**. If your Agency/Organization is participating in the Bank of America ATM Program for Government Cardholders, you will separately receive a Personal Identification Number ("PIN"). You may then obtain Cash Advances at an ATM when authorized in accordance with Agency/Organization procedures.

9. **NO WAIVER OF BANK OF AMERICA'S RIGHTS**. All rights and remedies of Bank of America are cumulative and may be pursued singularly, successively or together, at the option of Bank of America. Except as expressly provided below in this Section 9, Bank of America's failure at any time to exercise any of its rights hereunder or any other rights shall not constitute a waiver nor otherwise bar the exercise of any of these options or rights at a later date. Bank of America waives its right to suspend the Account for a particular Charge if suspension procedures are not initiated within 180 calendar days of the closing date on the statement of Account in which the Charge first appeared. Bank of America waives its right to cancel the Account for a particular Charge if cancellation procedures are not initiated within 180 calendar days of the closing date on the statement of Account in which the Charge first appeared.

10. **TRAVELERS CHECKS**. If your Agency/Organization is participating in the Bank of America Travelers Check program for Government Cardholders, you may purchase travelers checks when authorized in accordance with Agency/Organization procedures and a Travelers Check Fee of 1.5% of the total amount of the checks purchased will apply. If your Agency/Organization has negotiated a lower Travelers Checks Fee, the lower amount will apply.

**AGREEMENT BETWEEN AGENCY/ORGANIZATION EMPLOYEE AND  
BANK OF AMERICA, N.A. (USA)**

**11. CHARGES.** You agree to pay the following Charges unless your Agency/Organization has negotiated a lower rate or fee, in which case, you will pay the lower amount.

- ☐ **Return Check Fee.** \$20.00 for any payment which is returned for any reason.
- ☐ **Cash Advance Fee.** 1.9% of the amount of each Cash Advance.
- ☐ **Delinquency and Collection Charges.** If Bank of America refers your Account to any attorney for collection, you will be responsible for attorney's fees, if any, not to exceed 25% of the Account balance plus all other costs of collection and court costs except where prohibited by law.
- ☐ **Late Fee.** If your Account has been canceled, \$20.00 for any payment not received within 120 calendar days past the closing date on the statement of Account in which the Charge first appeared.

**12. CONVERSION OF FOREIGN TRANSACTIONS.** Charges made in a foreign currency will be converted into U.S. Dollars. The conversion rate used will be at least as favorable as an interbank rate or where required by law, an official rate. This rate shall be the one in existence at the time the transaction is processed.

**13. CHANGE IN TERMS.** Bank of America may, with the written consent of GSA and your Agency/Organization, change the terms of this Agreement upon 30-day written notice to you. You agree that the new terms provided in any such notice may apply both to your new transactions and to your Account balance on the date the change becomes effective. If you do not agree to a change in terms of this agreement, then prior to the effective date of the change, you must notify us, cut the card in half and return the pieces to us.

**14. LOST OR STOLEN CARD/REPLACEMENT.** If your Card is lost or stolen, or if you think another person may use your Account without your permission, you must notify Bank of America immediately by calling the number listed below.

Telephone Numbers:

Within United States 1-800-472-1424

Collect Calls from out of United States (757) 441-4124

You may confirm your notification by writing to:

Bank of America  
Security Department  
P.O. Box 1350  
Norfolk, VA 23501

If there is any unauthorized use of your Card or Account you agree to cooperate with Bank of America during its investigation, which will include your completion of a Cardholder Statement of Disputed Item. Should you need

a replacement card, please call the same telephone number listed in this Section 14 for lost or stolen Cards.

**15. LIMITATION OF DAMAGES.** In no event shall Bank of America be liable to you for any consequential, special, indirect or punitive damages of any nature.

**16. COLLECTION/TELEPHONE MONITORING.** You agree that if you do not pay your Account, Bank of America or its collection agent may call you regarding the collection of your Account. You understand that the calls could be automatically dialed and a recorded message may be played. You agree such calls will not be "unsolicited" calls for purposes of local, state or federal law. You agree that we may monitor telephone calls between you and us to ensure the quality of the customer service we provide.

**17. CHANGES TO NAME, ADDRESS OR EMPLOYMENT.** You understand that Bank of America will send Account Statements, replacement or renewal Cards, or other notices at the address shown in its records. You will promptly notify Bank of America of any change in your name, address or employment.

**18. NONTRANSFERABLE.** Each Card is nontransferable.

**19. SEVERABILITY.** The invalidity or unenforceability of any provision of this Agreement will not affect the validity or enforceability of any other provision of this Agreement.

**20. SUCCESSORS AND ASSIGNS.** You agree that Bank of America may at any time assign or transfer to another person your Account, your Account balance, or this Agreement. The persons to whom Bank of America transfers or assigns your Account, your Account balance, or this Agreement will have all of Bank of America's rights under this Agreement. You will not assign or transfer any of your rights or duties under this Agreement, and this Agreement is binding on your successors, heirs and legal representatives and upon anyone to whom you assign your assets or who succeeds to them.

**21. GOVERNING LAW:** This Agreement and your Account are subject to the GSA Contract and shall be governed by Arizona law and the laws of the United States. This Agreement is entered into in Arizona and all credit will be extended by Bank of America from Arizona.

**PRIVACY ACT NOTICE:**

In accordance with the Privacy Act (5 U.S.C. 552a), the following notice is provided: The information requested on the card application form is collected pursuant to Executive Order 9397 and chapter 57, title 5, United States Code, for

AGREEMENT BETWEEN AGENCY/ORGANIZATION EMPLOYEE AND  
BANK OF AMERICA, N.A. (USA)

the purposes of recording travel expenses incurred by the employee/member and to claim entitlements and allowances prescribed in applicable federal travel regulations. The purpose of the collection of this information is to provide Government agencies necessary information on the GSA travel card contract which provides travelers with charge cards for official travel and related expenses, attendant operational and control support, and management information reports for expense control. Routine uses which may be made of the collected information and other account information in the system of records entitled "Travel Charge Card Program GSA/GOVT-3" are as follows: (1) transfers to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal, administrative, or regulatory investigations; (2) pursuant to a request of another Federal agency in connection with hiring, retention, issuing a security clearance, reporting an employee investigation, clarifying a job, letter or contract or issuing a license, grant, or other benefit; (3) to a Member of Congress or to a Congressional Staff Member in response to an inquiry of the Congressional Office made at the request of the individual about whom the record is maintained; (4) to officials of labor organizations when necessary to their duties of exclusive representation; (5) to a Federal agency for accumulating reporting data and monitoring the system; (6) GSA contract travel agents assigned to agencies for billing of travel expenses; (7) listing, reports, and records to GSA by the contractor to conduct audits of carrier charges to the Government; and (8) any other use specified by GSA in the system of records entitled "Travel Charge Card Program GSA/GOVT-3," as published in the Federal Register periodically by GSA. The information requested is not mandatory. Failure to provide the information will nullify the application, and a charge card will not be issued to the employee/member.



**Convenient and Easy  
Make Your Payments by Phone**

Bank of America enables you to make payments by phone to your Government Charge Card account by contacting the Government Card Services Unit. This service is offered to facilitate the ease of making payments to your charge card account, however utilizing this service is not a GSA SmartPay contract requirement. Each Pay by Phone transaction may be subject to a processing fee. This Agreement applies when utilizing the Payment by Phone Option.

**Payment by Phone Authorization**

When I use the Payment by Phone option, I hereby authorize Bank of America, N.A. (USA) (the Bank) to initiate electronic payments from my designated account at the financial institution I indicate for the purpose of making any payment on my Government charge card account (Account). I understand I must authorize the timing and amount of each payment transaction by providing authentication information requested by the Bank.

**I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

- 1) **Processing Fee** - Each Payment by Phone transaction may be subject to a fee not to exceed \$10.00. The fee will be added to the amount of the payment.
- 2) **Effective Date of Payment** – Payment will occur on the date I initiate the request, if requested prior to 6:00 PM ET. If the request is initiated after 6 PM ET, the effective date will be the following business day.
- 3) **Dishonored Request for Payment** – If a payment is dishonored for any reason, including insufficient funds, both the Bank, in accordance with my Account agreement, and my financial institution may assess a fee. If a payment is dishonored by my financial institution for “insufficient funds”, the Bank will attempt to initiate the electronic payment one more time before deeming the payment unpaid. I understand that if a payment is dishonored, my Account will be considered due for that payment, and other payment arrangements will need to be made.
- 4) **In Case of Error** – If my Account statement indicates an incorrect payment or amount or I need more information about a payment transaction, I will write or call the Bank at the number or address provided on my statement of Account for billing errors. The Bank must hear from me no later than 60 days after I have received the first statement on which the payment appeared. For more information, I can read the back of my Account statement.
- 5) **Revocation of a Payment**- After I initiate a Payment by Phone transaction, I have until 4:00 PM ET the day of the scheduled payment to cancel or revoke that payment.
- 6) **Governing Law** - This Authorization shall be governed by and interpreted in accordance with the laws of the State of Arizona.
- 7) **Authentication Information** - I acknowledge the Bank may require additional information from me for authorization and authentication of a Payment by Phone transaction. Any information I provide for authorization and authentication will be kept confidential by the Bank.
- 8) **Authorization and Security Procedure** – A Payment by Phone transaction will not occur unless I initiate the payment through the Bank’s automated response unit or speak with the Bank’s customer service representative. I agree that the security procedures followed by the Bank to authenticate my consent to a Payment by Phone transaction, although not in writing, are reasonable and I agree to be bound by them as if I had signed this Authorization in writing. I understand that this Authorization is a separate agreement from, and does not change, the agreement governing my Account.
- 9) **Modification of this Authorization** – The Bank may modify this Authorization by changing, adding or deleting any term, condition, service or feature (“New Term”) at any time. The Bank will provide me with notice of the modification to the extent required by law. I agree to the “New Term” by conducting a Payment by Phone transaction after the Bank provides me notice of the modification.

**PLEASE RETAIN FOR YOUR RECORDS**

## APPENDIX A

### THE DEPARTMENT OF AGRICULTURE (USDA) GOVERNMENT TRAVEL CARD PROGRAM ACKNOWLEDGMENT & ACCEPTANCE STATEMENT

1. The Government Travel Card Program provides travelers with a means of financing their official travel expenses without obtaining costly travel advances or using their own funds. Only official Government expenses incurred as a result of temporary duty travel may be charged to the travel charge card. Expenses include meals, lodging, rental car, transportation tickets, and any other authorized travel related expenses. Travelers are expected to use the travel charge card whenever and wherever practical for all these expenses prior to the use of an automatic teller machine (ATM). ATM use requires supervisory approval and is available for limited cash advance amounts where use of the travel charge card is impractical.
2. Use of the travel charge card for any other purpose than official Government travel business is NOT AUTHORIZED and is considered misuse of the travel charge card program. Delinquency in payment of the monthly travel card billing or use of Non-Sufficient Fund checks for payment are considered travel card abuse. Card misuse and abuse may be subject to disciplinary actions under the appropriate agency and civilian personnel regulations.
3. The “*USDA Zero Tolerance Policy*” strictly prohibits the following use of the card:
  - a Unauthorized charges not associated with official travel.
    - (1) Personal and family member use of the card is forbidden.
    - (2) Additional prohibited activities are listed in Section 7b (7).
  - b Charges while not in an official travel status.
    - (1) Use of the card in the vicinity of the official duty station or residence is forbidden, unless used in connection with official travel.
    - (2) Cash withdrawals from an automated teller machine are also forbidden.
  - c Shared use of the card with another employee for official travel purposes.
  - d Account delinquency beyond a 30-day period.
  - e Failure to use the card while on travel.
  - f Failure to pay accounts with sufficient funds.
  - g Failure to use Government issued voucher reimbursements to repay travel expenses.
  - h Excessive cash advances not commensurate with official travel.

Cardholders should read and familiarize themselves with the contents of the bank’s Card Agreement, the USDA Travel Card Regulation 2300.001 (interim) and agency specific policies regarding the use of the card. Questions concerning the card should be addressed to the local or primary travel card coordinator.

- 4 I hereby acknowledge that I have read and understand the above policy. I agree to the terms of the Bank of America Card Agreement and to abide by the “*USDA Zero Tolerance Policy*.” I understand that failure to comply with the terms of the Bank of

## APPENDIX A

America Card Agreement and to abide by the “USDA Zero Tolerance Policy” may result in disciplinary action up to and including removal.

\_\_\_\_\_(SIGN/DATE)  
SIGNATURE OF CARDHOLDER

- 5 The application for the above to participate in the Travel Card Program is recommended for approval.

\_\_\_\_\_(SIGN/DATE)  
SIGNATURE OF AGENCY DESIGNEE

NOTE: THIS STATEMENT SHOULD ACCOMPANY THE TRAVEL CARD APPLICATION SENT TO THE PRIMARY AGENCY/ORGANIZATION PROGRAM CARD COORDINATOR.

CTAPD 8/03